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Class	Subclass
ISSUE CLASSIFICATION	

PATENT NUMBER

PATENT NO.  
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## U.S. REISSUE PATENT APPLICATION

O.I.P.E. SCANNED <i>11/10/16</i> Q.A. <i>163</i>	O.G. PUBLICATION DATE	REISSUE PATENT DATE
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APPLICATION NO. 09/545582	CONT/PRIOR D	CLASS <del>227</del> 600	SUBCLASS 432	ART UNIT 3737	EXAMINER <del>CHSL</del> Smith
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## APPLICANTS

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Patient infusion system for use with mri


PTO-2040  
12/99

**PREPARED AND APPROVED FOR ISSUE**

**ISSUING CLASSIFICATION**

<b>ORIGINAL</b>		<b>CROSS REFERENCE(S)</b>						
<b>CLASS</b>	<b>SUBCLASS</b>	<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>					
<b>INTERNATIONAL CLASSIFICATION</b>								

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 <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drawg.	Figs. Drawg.	Print Fig.	Total Claims	Print Claim for O.G.
<input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) _____ (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
<input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of Pat. No. _____.				<b>ISSUE FEE</b>	
<input type="checkbox"/> The terminal _____ months this patent have been disclaimed.	_____ (Primary Examiner) _____ (Date)			Amount Due	Date Paid
<b>FINAL SPRE REVIEW</b>	_____ (Legal Instruments Examiner) _____ (Date)			<b>ISSUE BATCH NUMBER</b>	

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